

Finance Department
City of Killeen
Unclaimed Property Claim Form
For Original Owner

Mail Completed Form To:
City of Killeen
Attention: Unclaimed Property
PO Box 1329
Killeen, TX 76540-1329
Fax: (254)501-8984

Claimant is required to provide the City with sufficient documentation to establish Claimant's right to receive unclaimed property. Submitting your Social Security Number ("SSN") is optional but may be the only means of verifying your claim. To the extent permitted by law, your Social Security Number will be kept confidential. You must be 18 or older to claim property.

Failure to provide your **Identification, signature or completion of this claim form** could result in our returning the form to you.

Claimant Information

Name _____ SSN _____
Drivers License # _____ Date of Birth _____
Current Address _____
City _____ State _____ Zip Code _____
Contact Phone Number _____ Email Address _____
Refund due from ☐ Utility Collections ☐ Municipal Court ☐ Other

Please attach the following:

1. Copy of your Driver's License or other government issued photo identification.
2. Proof of Social Security Number (not required, but might help verify ownership)

Claimant Certification and Signature

The named Claimant certifies that this claim for property presumed abandoned is valid and just, that all statements herein are true and correct, and that upon payment of this claim, Claimant will indemnify and hold harmless the City of Killeen and its' officers and employees from any damages, claims or losses of any kind resulting from the payment of the above described property to Claimant.

Signature _____ Date _____

Office Use Only

Original Check Number _____ New Check Number _____
Amount _____ Date _____ Amount _____ Date _____
Department _____ Employee _____